

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039924
5818 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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281582

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
KANSAS CITY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION TRINITY-LUTHERAN

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ETHEL

MAUD

GRANT

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

12/3/1899

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

BROOKFIELD, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THOMAS ISAAC RUNYON

13b. MOTHER'S MAIDEN NAME

ORA EVELINA WITHERS

14. NAME OF HUSBAND OR WIFE

JOHN D. GRANT, SR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHN D. GRANT, SR. MISSION KANSAS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/21/63 to 10/25/63 and last saw her alive on 10/24/63
Death occurred at 1:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4000 Baltimore Kansas City, Mo

22c. DATE SIGNED

10/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

OCT. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

MT. WASHINGTON CEM.

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

131 BRUSH CREEK BLVD.

25. DATE RECD. BY LOCAL REG.

10-27-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

D.W. NEWCOMERS SONS, K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

W. R. R. Becker
4000 Baltimore

1212
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K 6 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.